FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	Oh	(See instruction			Office use only
1. NAME OF COMMITTEE (in	full) (Ch	eck if name nanged)	Example: If typying, type over the lines	12FE4M5	The decomp
Libertarian Na	tional Committee	1 1 1 1 1		1111	
ADDRESS (number and	2600 Vir	ginia Ave NW	, , , , , , , , , , , , , , , , , , ,	11111	
_	Suite 20	0			
(Check if addr is changed)	washing	ton		DC	20037
COMMITTEE'S E MA	II ADDDECO		CITY▲	STATE	ZIP CODE 📥
committee's e-mail operations@lp					
COMMITTEES WED					
www.lp.org	PAGE ADDRESS (URL)				
www.ip.org					
COMMITTEE'S FAX N 2023330072	NUMBER				
2. DATE M N	1 / D D / Y Y 2	0 0 6 °			
3. FEC IDENTIFICA	TION NUMBER	C	C C00255695		
4. IS THIS STATEM	MENT NEW (N)	OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to th	e best of my know	vledge and belief it is true, correct ar	nd complete	
Type or Print Name of	Treasurer Aaro	n Starr			
Signature of Treasurer	Electronically Filed by	Aaron Star	<u>r</u>	Date 111	22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	•	_	subject the person signing this Stat	•	s of 2 U.S.C. S437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate						
	Candidate Office Party Affiliation Sought: House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
	(d) X This committee is a NAT (National, State (or subordinate) committee of the LIB (D Re (or subordinate) committee of the LIB (D Re (or subordinate)) com	emocratic, epublican,etc.) Party. und or party					
6.	Name of Any Connected Organization or Affiliated Committee						
L							
	Mailing Address						
	CITY STATE A	ZIP CODE 🛦					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organizat	ion					
	Membership Organization Trade Association Cooperative						

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Write or Type Committee N	ame		
Libertarian Nation	al Committee		
	: Identify by name, address, (phone num nittee books and records.	nber optional), and position of	the person in
Full Name	II Hall	1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address	111 Lyon St NW		
	#900		
	Grand Rapids		495032487
Title or Position ♥	CITY A	STATE	ZIP CODE A
Gene	ral Counsel	616 Telephone number	752 2000
Full Name	f any designated agent (e.g., assistant tre	asurer).	
Full Name	aron Starr 4048 Tucson St	asurer).	
Full Name of Treasurer A	aron Starr	CA	93063 _ 1144
Full Name of Treasurer A	aron Starr 4048 Tucson St		93063 - 1144 ZIP CODE ▲
Full Name of Treasurer Mailing Address	4048 Tucson St Simi Valley CITY A		
Full Name of Treas Full Name of Designated	4048 Tucson St Simi Valley CITY A		ZIP CODE A
Full Name of Treas Title or Position Treas Full Name of Designated	Auda Tucson St Simi Valley CITY A		ZIP CODE A
Full Name of Treas Title or Position Treas Full Name of Designated Agent Bi	Simi Valley CITY A Surer		ZIP CODE A
Full Name of Treas Title or Position Treas Full Name of Designated Agent Bi	Auda Tucson St Simi Valley CITY A Surer II Hall 111 Lyon St NW		ZIP CODE A
Full Name of Treas Title or Position Treas Full Name of Designated Agent Bi	Aron Starr 4048 Tucson St Simi Valley CITY A Surer 111 Lyon St NW #900	CA STATE Telephone number 805	ZIP CODE A

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9.	Banks or Other De safety deposit boxes Name of Bank, Dep	s or maintains funds.	, rents
	Mailing Address	PNC Bank 2600 Virginia Ave NW	
		Washington DC 20037	7] - []]
		CITY A STATE A ZIP C	CODE A